

# INDIVIDUAL CONFLICT OF INTEREST STATEMENT

## *American Association of Hip and Knee Surgeons*

(Adopted from the American Academy of Orthopaedic Surgeons disclosure statement)

The following form **must be filled out completely and submitted by each author (example, 6 authors, 6 forms).**  
**All items require a response. If there is no relevant disclosure for a given item, enter "None."**

**Manuscript Title:** Predictors of Adverse Local Tissue Reaction in a High-Risk Population

1. Royalties from a company or supplier (The following conflicts were disclosed)  
*None.*
2. Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed)  
*None*
- 3A. Paid employee for a company or supplier (The following conflicts were disclosed)  
*None*
- 3B. Paid consultant for a company or supplier (The following conflicts were disclosed)  
*None*
- 3C. Unpaid consultants for a company or supplier (The following conflicts were disclosed)  
*None*
4. Stock or stock options in a company or supplier (The following conflicts were disclosed)  
*None*
5. Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed)  
*None.*
6. Other financial or material support from a company or supplier (The following conflicts were disclosed)  
*None*
7. Royalties, financial or material support from publishers (The following conflicts were disclosed)  
*None*
8. Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed)  
*None*
9. Board member/committee appointments for a society (The following conflicts were disclosed)  
*None.*

**Each author must sign AND print or type his/her name, date and submit a separate form**

In addition, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all author disclosures.

*Joseph J. Kromka*  
Author Name (Print or Type)

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Author Signature

*4/29/21*  
Date